

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

6514

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1243</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2091</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHRISTIAN Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>1911A E. COLLEGE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LENA</b>		b. (Middle)		c. (Last) <b>MEYER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEB-6-50</b>	
5. SEX <b>FEM.</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>FEB-7-1873</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN GROH</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISA BERGMANN</b>		14. NAME OF HUSBAND OR WIFE <b>FRED MEYER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>FRED MEYER 1911a E. COLLEGE</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Surgical Shock</b> ANTECEDENT CAUSE <b>Fracture of neck of 1st femur</b> DUE TO (b) <b>Fracture of neck of 1st femur</b> DUE TO (c) <b>none except severity</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>2/6/50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Fracture</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo E.A. 10</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>2/5/50 1 p.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fall</b>		<b>20</b>	
22. I hereby certify that I attended the deceased from <b>1940</b> , to <b>2/6/50</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>2/6/50</b> , 19 <b>50</b> , and that death occurred at <b>11:00 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Albertine D.</b> (Degree or title)				23b. ADDRESS <b>6917 W. Florsant</b>		23c. DATE SIGNED <b>2/7/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-9-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
DATE REC'D BY LOCAL <b>FEB 7 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Kauter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. V. Schur 3125 Lafayette</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

262

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4014

P. O. Address 3125 La Fayette Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.